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CONFIRMATION NO. 2910

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|--|---|-------------------------------|---|--|---------------------------------|
| SERIAL NUMBER 10/756,710 | FILING OR 371(c) DATE 01/13/2004 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 471.1003 DIV | |
| APPLICANTS Dmitry Rabkin, Chestnut Hill, MA; Eyal Morag, East Hampton, MA; Ophir Perelson, Beverly Hills, CA; | | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/845,098 04/27/2001 PAT 6,676,692 <i>OK AS</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none AS</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>AS</i> Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 48 | TOTAL CLAIMS 56 | INDEPENDENT CLAIMS 16 |
| ADDRESS 21831 | | | | | |
| TITLE Apparatus for delivering, repositioning and/or retrieving self-expanding stents | | | | | |
| FILING FEE RECEIVED 1493 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |